

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002415

AMENDED

Registration District No. 162Primary Registration District No. 5595Registrar's No. 21

STATE FILE NUMBER

FILED FEB 7 1962

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| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kimswick</u> Mo. | | c. CITY OR TOWN <u>Rock Hill</u> | |
| Length of stay in 1b <u>5 Yrs.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Four Oaks Rest Home</u> | | d. STREET ADDRESS (If outside, give location) <u>9817 O'Brien Ct.</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPHINE</u> Middle <u>WARREN</u> Last <u>WARREN</u> | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>28</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-14-1869</u> |
| 9. AGE (last birthday) <u>92</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u> | |
| 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Richard Mackey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bridget Murphy</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>William Warren</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Don Gottlob 7522 Lindbergh</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>10 yrs.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease 10 yrs.</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>11</u> a.m. Month, Day, Year <u>1/11/62</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1/11/62</u> to <u>1/28/62</u> and last saw her alive on <u>1/28/62</u> Death occurred at <u>10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Harold Burnside M.D.</u> | |
| 22b. ADDRESS <u>206 W. Argonne Parkview 22nd</u> | | 22c. DATE SIGNED <u>1/29/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 30, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>St. Louis</u> | | 23e. STATE <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>A. H. Bocklage 6536 Clayton Rd.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-30-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u> | | | |

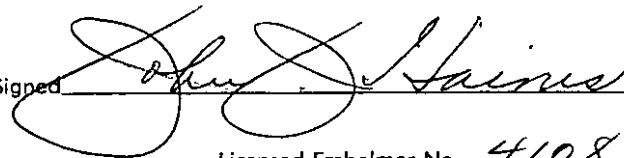
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.